

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: PRIME POWER CONSULTANTS, LLC  
BUSINESS STREET ADDRESS: 11916 ACORN DRIVE, DAVIE, FL ZIP 33330  
BUSINESS MAILING ADDRESS: SAME AKA SW 43 ST ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-474-5915

DESCRIBE TYPE OF BUSINESS: MANUFACTURER AGENT, (SALES) OFFICE ONLY  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>RONALD L. Phillips</u>	<u>11916 ACORN DR.</u>	<u>DAVIE, 33330</u>	<u>954-474-5915</u>
2. <u>RUTH E Phillips</u>	<u>11916 ACORN DR</u>	<u>DAVIE, 33330</u>	<u>954-474-5915</u>

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Ronald L. Phillips President  
Print Owner or Officers Name and Title

Ronald L. Phillips  
Signature of Owner or Officer

Office Use Only: Date <u>11/01/02</u> Category <u>11200</u> Fee Exempt per Sec. 13-13 _____ Fee <u>57.88</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____		
License # <u>03-17630</u>	Control # <u>14535</u>	Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Int</u> Date <u>11/14/02</u>	
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		

Phone Mail only